# REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Maryland
Early Intervention Services Case Management
A. Target Group:
(See attachment)
B. Areas of State in Which Services Will Be Provided:
x Entire State
Only in the following geographic areas (authority of \$1915(g)(1) of the Act is woked to provide services less than statewide):
C. Comparability of Services:
Services are provided in accordance with 8 1902(a)(10)(B) of the Act.
x Services are not comparable in amount, duration and scope. Authority of 915(g)(1) of the Act is invoked to provide services without regard to the requirements of 902(a)(10)(B).
D. Definition of Services:
(See attachment)
E. Qualifications of Providers:
(See attachment)
F. The State assures that the provision of case management services will not estrict an individual's free choice of providers in violation of \$1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case anagement services.
TN No. 91-11 Approval Date MAY 15 1991  Supersedes TN No
Supersedes TN No.
·

## Supplement 6 to Attachment 3.1A Page 2

# REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

- 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.
  - H. Reimbursement Methodology:

See Attachment 4.19 A & B, Page 50

TN No. 91-11	MAY 15 1991 Approval Date	Eff. Date NOV 19 1990
Supersedes TN No.		

- A. Target Group: Children between the ages of birth and up to age three years who are federally eligible Medical Assistance recipients and:
- 1. Are experiencing developmental delays as measured and verified by diagnostic instruments and procedures approved by the Maryland Infants and Toddlers Program, which indicate that the child is functioning at least 25 percent below chronological age in at least one of the five developmental areas of cognitive development, physical development (including fine and gross motor and sensory development), speech and language development, psychological development, and self-help skills;
- 2. Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, as described in (1) above: or
- 3. Demonstrate atypical development or behavior, which is demonstrated by abnormal quality of performance and function in at least one of the five developmental areas, interferes with current development, and is likely to result in future developmental delay, as described in (1) above.

Participation is conditional upon an election statement signed by the parent and filed with the chosen early intervention services (EIS) case management (CM) provider, which admits the child to early intervention services case management. Also, the child may not be receiving the same case management services under another Program authority and must be determined by a multidisciplinary team to be eligible for early intervention services.

### D. Definition of Services:

1. Case management means services which will assist participants in gaining access to the full range of Medical Assistance services, as well as to any additional needed medical, social, mental health, financial assistance, counseling, educational, and other support services.

The Maryland Medical Assistance Program reimburses for the following services under early intervention services case management, when they have been documented as necessary and appropriate.

2. Initial case management services. A unit of service is defined as a completed initial Individualized Family Service Plan (IFSP) and at least one contact with the participant or the participant's family, in the participant's behalf.

The covered services shall include convening and conducting a multidisciplinary team to perform a multidisciplinary assessment and to develop an initial IFSP for the participant that will identify the:

	MAY 15 1991	Effective Date NOV 19 1990
TN No.:91-11	Approval Date:	Effective Date:
Supersedes TN No.		<del></del>

- (a) Participant's needs for early intervention, medical, mental health, social, educational, financial assistance, counseling, and other support services.
- (b) Responsibilities and rights of the participant and the family,
  - (c) EIS CM provider's responsibilities, and
  - (d) Resources available to provide the needed services.
  - 3. Ongoing Case Management Services.
- (a) Ongoing case management service is provided subsequent to initial case management services.
- (b) A unit of service includes a monthly telephone call to or visit with the participant's family, in the participant's behalf, and all other necessary covered services.
  - (c) These services shall include:
- (i) Maintaining contact with the participant and the family through home visits, office visits, telephone calls, and follow-up services as necessary;
- (ii) Referring the participant to direct service providers; assisting the participant in gaining access to services specified in the IFSP; and providing linkage to agreed-upon direct service providers of early intervention services:
- (iii) Discussing with direct service providers of early intervention services the services needed and available for the participant, determining the quality and quantity of service being provided, following up to identify any obstacles to the participant's utilization of services, coordinating the service delivery, and performing ongoing monitoring to determine whether the recommended services are being delivered and meet the participant's current needs;
- (iv) Providing the participant's family with information and direction that will assist the participant in successfully accessing and utilizing the services recommended in the IFSP;
- (v) Informing the participant's family of the participant's and their rights and responsibilities in regard to specific programs and resources:
- (vi) Conducting, with the participant's family, a periodic review of the participant's IFSP every 6 months, or more frequently if conditions warrant or the family requests such a review;
- (vii) A periodic review accomplished at a meeting or by other means acceptable to the family and others involved in the review process, and which shall determine the following:
- (aa) The degree of the participant's progress toward achieving the goals established in the IFSP, and
- (bb) Whether the goals or recommended services need to be revised; and
- (viii) Being available to the participant and the family on a nonscheduled basis as necessary for problem resolution and crisis management related to the participant's needs.

	MAY 15 1991	Effective Date: NOV 19 1990
TN No.:91-11	Approval Date:	Effective Date: NOV 10 1330
Supersedes TN No.		

### 4. Annual IFSP Review.

- (a) A unit of service is defined as a completed annual IFSP review and at least one contact with the participant or the participant's family, in the participant's behalf.
- (b) The covered services include convening and conducting a multidisciplinary team to perform a multidisciplinary reassessment and to review, and revise as necessary, the participant's IFSP.
- E. Qualifications of Early Intervention Services Case Management Providers
- 1. Professionals participating as EIS case managers employed by an EIS CM provider (e.g. social workers, registered nurses, audiologists, nutritionists, occupational therapists, physical therapists, clinical psychologists, school psychologists, special educators, speech language pathologists, physicians, and professional counselors) must be licensed or certified according to the respective authoizing regulations for the state in which the services are rendered.
- 2. General requirements for participation in the Maryland Medical Assistance Program are that providers shall:
- (a) Verify the licenses and credentials of all individuals employed by the provider for performing the covered services;
- (b) Apply for participation as a Program provider, using an application form designated by the Department;
- (c) Have a signed provider agreement in effect with the Department;
  - (d) Be approved for participation by the Department;
- (e) Be identified as a Program provider by issuance of a provider account number;
- (f) Agree to verify a participant's eligibility for Medical Assistance each time service is provided;
- (g) Accept payment by the Program as payment in full for services rendered to eligible participants and make no additional charge to a person for the specified covered services;
- (h) Provide services without regard to race, color, sex, national origin, marital status, or physical or mental handicap;
- (i) Maintain adequate records concerning service provision for a minimum of 6 years and make them available upon request to the Department or its designee;
- (j) Agree to refrain from knowingly employing, contracting with, or having a written agreement with a person, partnership, or corporation which the Program has disqualified from providing or supplying services to recipients:
- (k) Agree that, if the Program denies payment or requests repayment due to the provider's violation of program requirements, the provider may not seek payment from the participant or the participant's parent or family;
- (1) Place no restrictions on the right of the participant's parent or family to choose a provider in the participant's behalf;

	MAY 1.5 1991	Effective Date OV 19 1990
TN No.:91-11	Approval Date:	Effective Date
Supersedes TN No.		, -

- (m) Maintain a file on each participant which meets the Program's requirements and which includes for each contact made by the EIS case manager:
  - (i) Date and subject of contact.
  - (ii) Person contacted.
  - (iii) Person making the contact.
  - (iv) Nature, content, and unit or units of service

provided, and

- (v) Place of service; and
- (n) Agree that if the Program denies payment or requests repayment on the basis that an otherwise covered service was not medically necessary, the provider may not seek payment for that service from the participant or the participant's parent or family.
- 3. Specific requirements for participation in the Program as an early intervention services case management provider are that the provider shall:
- (a) Be the State agency (i.e. Children's Medical Services) administering a program of services for children with special health care needs, authorized under Title V of the Social Security Act, in conjunction with its local health department designees;
- (b) Employ appropriately qualified individuals as EIS case managers;
- (c) Have demonstrated expertise in providing family-centered, community-based, coordinated care to children with developmental delays, with an emphasis on early intervention services;
- $\mbox{\ensuremath{(d)}}$  Be selected by the participant's parent from among EIS CM designees;
- (e) Contact the participant's family within 2 working days of the receipt of a referral for EIS CM services, unless client- related extenuating circumstances are documented;
- (f) Develop the IFSP within 45 working days of referral, unless client-related extenuating circumstances are documented;
- (g) Have formal written policies and procedures, approved by the Department, which specifically address the provision of early intervention services case management to participants in accordance with Program requirements;
- (h) Be available to participants and their families for at least 8 hours a day, 5 days a week, except on State holidays;
- (i) Designate specific qualified staff as early intervention services case managers;
- (j) Maintain on file an initial IFSP for each participant and any subsequent revised IFSPs;
- (k) Be knowledgeable of the eligibility requirements and application procedures of federal, State, and local government assistance programs which are applicable to participants;
- (1) Maintain a current listing of medical, social, mental health, financial assistance, education, training, counseling, and other early intervention and support services available to infants and toddlers with developmental delays; and
- (m) Strictly safeguard the confidentiality of the participant's records, so as not to endanger the participant's and the family's legal rights, family relationships, and status in the community.

	MAY 1	5 1991		Date:0V 19	1000
TN No.:91-11	Approval Date:		Effective	Date: UVIJ	1330
Supersedes TN No.					

- 4. An EIS case manager, employed by an EIS CM provider, shall meet the following requirements:
  - (a) Be a professional who:
- (i) Has a current license or certification, according to E.l, of this section, in the profession most immediately relevant to the participant's needs,  $\frac{1}{2}$
- (ii) Has demonstrated training or experience in providing case management or other early intervention services to infants and toddlers with developmental delays.
- (iii) Meets by October 1, 1995 the qualifications applicable to the case manager's profession for individuals providing early intervention services, as specified in personnel standards for early intervention services providers issued by the Maryland Infants and Toddlers program, and
- (iv) Participates in ongoing training offerings, as specified
- in the interagency training plan for early intervention services; or
  - (b) Be a nonprofessional who:
    - (i) Has a high school diploma or its equivalency,
- (ii) Has demonstrated training or experience in providing case management or other early intervention services to infants and toddlers with developmental delays, and
- (iii) Participates in ongoing training offerings, as specified in the interagency training plan for early intervention services.

		MAY 1 5 1991		NOV 1 9 1990
IN No.:91-11	Approval Da	ate:	Effective I	)ate:
Supersedes TN No.				